

**CHILD DAY CARE CENTER**  
**RENEWAL APPLICATION CHECKLIST**

PLEASE PRINT THE FOLLOWING FORMS FROM [http://www.montanachildcare.com/QAD\\_forms2.htm](http://www.montanachildcare.com/QAD_forms2.htm)  
AND ATTACH THEM:

- \_\_\_\_\_ **Renewal Application Form** (must be completed in full, signed, dated, and notarized)
- \_\_\_\_\_ **Insurance Verification** (to be filled out by insurance company)
  - \_\_\_\_\_ Current Public Liability
  - \_\_\_\_\_ Current Fire
- \_\_\_\_\_ **Center Staff Master List**
- \_\_\_\_\_ **Employee Cover Sheet** (must be completed in full)
- \_\_\_\_\_ **Release of information** (must be completed in full, signed, dated, and notarized)
- \_\_\_\_\_ **Statement of Health Form** (must be signed and dated)

❖ **W9 TAX ID FORM** - please request this form ONLY if you have a change of name, change of address or if you are requesting to be assigned a tax payer identification number)

**IN ADDITION, PLEASE ATTACH THE FOLLOWING:**

- \_\_\_\_\_ **Verification of Fire Inspection**
  - ❖ Certificate of Approval from the State Fire Marshall
- \_\_\_\_\_ **Verification of Health Inspection**
  - ❖ Certificate of Approval from the public health authorities
- \_\_\_\_\_ **Verifications of Immunizations from Public Health Nurse**
  - ❖ If not included in sanitation report

**THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THE EMPLOYEE COVER SHEETS:**

- \_\_\_\_\_ **Immunization Records**
- \_\_\_\_\_ **CURRENT CPR Card, must include Infant, Child, and Adult CPR (Copies – front & back)**
  - ❖ Please check the cards for current dates
- \_\_\_\_\_ **CURRENT First Aid Card (Copies – front & back)**
  - ❖ Please check the cards for current dates
- \_\_\_\_\_ **8 HOURS OF TRAINING** (must be obtained during your registration year **NOT** the calendar year)
- \_\_\_\_\_ **Criminal background checks**
  - ❖ The State of Montana will do these checks for centers coming off of an extended registration
- \_\_\_\_\_ **Child Protective Services (CPS) & Adult Protective Services (APS) background checks**
  - ❖ The State of Montana will do these checks for centers coming off of an extended registration
- \_\_\_\_\_ **Department of Motor Vehicles background checks**
  - ❖ The State of Montana will do these checks for centers coming off of an extended registration
- \_\_\_\_\_ **Out of State background checks** (if applicable)

**FAILURE TO OBTAIN AND SUBMIT ALL OF THE ABOVE REQUIRED INFORMATION BY YOUR LICENSING EXPIRATION DATE WILL CAUSE A LAPSE IN YOUR DAY CARE LICENSE.**